(SEAL)

Suggested Revised March 2020 SBE No. P-1K

## STATEMENT OF CANDIDACY (NOMINATION BY CAUCUS)

NAME:	ADDRESS – ZIP CODE:
PARTY:	-
	OFFICE:
DISTRICT:	
	A Full Term is sought, unless an unexpired term is stated here:year unexpired term
If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the following	owing (this information will appear on the ballot)
FORMERLY KNOWN AS UNTIL (List all names during last 3 years)	NAME CHANGED ON (List date of each name change)
STATE OF ILLINOIS ) ) SS. County of)	
, being first duly sworn (or affirmed), say that I reside at, in the City, Village, Unincorporated Area of	
if unincorporated, list municipality that provides postal service) Zip Code, in the County of, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of	
he Party; that I am a candidate for election to the office of	
in the	(city, village or township), as duly
nominated at said party's caucus, to be voted upon at the election to be held on (date of election)	
	any license that may be an eligibility requirement for the office to
which I seek the nomination) to hold such office and that I h	ave filed (or I will file before the close of the petition filing period) a  Governmental Ethics Act and I hereby request that my name be
	(Signature of Candidate)
Signed and sworn to (or affirmed) by	before me, on
(Name of C	Candidate) (insert month, day, year)

(Notary Public's Signature)